

NOMINATION FORM
EAST CAROLINA UNIVERSITY ATHLETICS HALL OF FAME

Nominee's (full) Name: _____ Date of Birth _____
First, Middle, Last

Nominee's Current Address: _____
Complete Street Address Apt/Suite #
(if available) _____
City State Zip

Nominee's Telephone Number (if available): _____
Please Include AREA CODE

Nominee's Hometown (entering ECU as student): _____

Circle Appropriate Category:

- (1) Student-Athlete (2) Coach/Faculty/Staff
(3) Administrator (4) Other

Dates of attendance/service at East Carolina University: _____ to _____

ECU team/teams with participation years: _____

Graduation Date _____ School Graduated From _____

Degree/Degrees _____

Current Occupation/Position: _____

Nomination Support Data (attach information to describe performance/contributions of nominee, i.e., number letters won, letters earned, records established/held, awards/honors, team/individual success, support rendered, etc).

Deadline: May 2, 2008-May 1, 2009 for 2009 consideration (Nominations received after the deadline will be submitted for 2010 induction consideration.)

Return to:
Secretary, Hall of Fame
East Carolina University
Ward Sports Medicine Building
Greenville, NC 27858-4353

Nominator's Name (Print)

Nominator's Address (Print)

Nominator's Phone #

(If additional space is needed, please make attachments)